

SC Breast & Cervical Cancer Early Detection Program (Best Chance Network)

BREAST CYST ASPIRATION PROTOCOL

The following clinical elements serve as practice guidelines and Centers for Disease Control and Prevention's (CDC) minimum reporting requirements:

Diagnostic Evaluation **Breast cyst aspiration (BCA) may be performed on eligible women to differentiate between solid and cystic breast masses.**

Indications for needle aspiration of a cyst:

- Palpation of a symptomatic, simple cyst(s)
- Ultrasound or mammographic appearance of a complicated cyst(s)

Fine needle aspiration findings should be reported as follows:

- Negative/benign (or normal appearing fluid)
- Atypical hyperplasia (indicates moderately increased risk for invasive breast cancer – mid-interval mammograms are appropriate or may refer to a specialist)
- **Indeterminant (further evaluation required)**
- **Carcinoma-in-situ (further evaluation required)**
- **Malignant cells (further evaluation required)**

Indications for further diagnostic evaluation:

- **Bloody fluid – send aspirate for cytologic analysis and refer for BCN radiologic and/or surgical evaluation, regardless of mammography result.**
- Non-bloody fluid – discard first aspirate. Reexamine breast in 4-6 weeks.
- If cyst reoccurs send second aspirate for cytologic analysis. **If result is indeterminant, carcinoma-in-situ or malignant cells, refer as noted in first bullet.**
- If cyst is not totally resolved on repeat exam and cytology benign, refer as noted in first bullet.
- If cyst resolved and cytology benign, reexamine in 4-6 weeks. If cyst again reoccurred, may refer as noted in first bullet.
- If cyst did not reoccur, return to routine screening.
- Inflammatory fluid - consider culture and/or antibiotic therapy.

Biopsy options include:

- Core needle biopsy, usually with image-guidance (*costs are covered by Best Chance Network*)
- Excisional or incisional biopsy with or without preoperative placement of needle localization wire (*surgeon's fee covered by Best Chance Network – no coverage of hospital costs for operating room and anesthesia services*)

Staging **Appropriate primary tumor, regional lymph nodes and distant metastasis (TNM) staging for cancer must be reported by the treatment facility. Stage I or greater must be evaluated by medical, surgical or radiation cancer specialists.**

Treatment **Pathology reports of carcinoma-in-situ or invasive cancer require treatment be initiated within sixty (60) days of final diagnosis.**

Women screened through BCN and diagnosed with breast DCIS or invasive cancer or atypical hyperplasia, requiring treatment, are eligible to apply for Medicaid coverage of treatment services through the SC Breast and Cervical Cancer Program. BCN follow-up providers assist patients with the application.

Resource: Saslow D, Hannan J, Osuch J et.al., Clinical breast examination: Practical recommendations for optimizing performance and reporting. CA Cancer J Clin Nov/Dec, 2004; 54, 6:327-344. Online: <http://Caonline.AmCancerSoc.org>. Article includes extensive references.

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